

**MULTIPLE DEPEND. CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10/510293**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52		2				
3		2					53		0				
4		2					54		0				
5		0					55		0				
6		0					56		0				
7		0					57		0				
8		0					58		0				
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21							71						
22		1					72						
23		2					73						
24		0					74						
25		0					75						
26		0					76						
27		0					77						
28		0					78						
29		0					79						
30		0					80						
31		0					81						
32		0					82						
33		0					83						
34		0					84						
35		0					85						
36		0					86						
37		0					87						
38		0					88						
39		0					89						
40		0					90						
41		0					91						
42		0					92						
43		0					93						
44		0					94						
45		0					95						
46		0					96						
47		0					97						
48		0					98						
49		0					99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	59	←	53	←		←
TOTAL CLAIMS							TOTAL CLAIMS	62		54			